## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-24-2010</u>	Address:	6646 NORTH US 41
Case #:	<u>35-30342</u>		HAZLETON, IN 47640
<b>County:</b>	GIBSON		
Type of L	aboratory Seizure (check one)	Seizure Location (	check all that apply)
=	ional Lab cal/Glassware/Equipment (only) site (only)	<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:
(check all t	und: Location (bedroom, kitchen, open that apply) n/Ammonia Reaction(s): <u>LIVING R</u>		BUILDING
Red Pl	nosphorous/Iodine Reaction(s):	_	
⊠ Flamm	hable Solvents: Living room, Living	Room Closet, Garage,	Outbuilding
<ul><li>✓ Anhyd</li><li>✓ Hydrod</li><li>✓ Corros</li><li>✓ Corros</li></ul>	Reactive Metal (Lithium): LIVING rous Ammonia: OUTBUILDING chloric Acid Gas Generator(s): LIVI ive Acid: Living Room Closet, Garaive Base: Outbuilding (item and location):	NG ROOM CLOSET,	<u>GARAGE</u>
$\bigcirc$ Yes $\underline{3}$ $\bigcirc$ No *If yes, fax i	ler age 18 discovered (check one) (number present) report to Child Protective Services rt is to be faxed to the following ag	☐ Ephedrin☐ Retail/M☐ Other:	<del></del>
	rtment: WHITE RIVER VFD	Fax:	ocation.
•	partment: GIBSON CO HD	Fax: $\frac{812-3}{8}$	
	rection Service: KNOX CO/KENA	Fax: <u>812-8</u>	382-4313
For further	r information regarding this metham	phetamine laboratory, c	contact

Phone <u>812-867-2079</u>

Investigating Officer: <u>RYAN M. JOHNSON</u>